

**Note: This is sample
template it is
not an OMB
approved form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

TERRAL TELEPHONE CO.

Service Provider Name

TERRAL TELEPHONE CO.

Company Address, City, State, Zip

6100 NO. ROBINSON
OKLAHOMA CITY, OK 73118

Service Provider Type

Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

CHARLES L. SEGRESS

Contact Tel #

405-842-1764

Fax #

405-842-1785

E-mail Address

charles@ttslinx.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

THE TOWNSHIP OF TERRAL LOCATED IN JEFFERSON COUNTY, OKLAHOMA

For each area listed above, identify the emergency response point to which calls are now being routed.

ALL TERRAL EMERGENCY 911 CALLS ARE ROUTED TO THE SHERIFF'S OFFICE IN WARIKA, OKLAHOMA

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _SEPTEMBER 10, 2002_____.

Signature CHARLES L. SEGRESS

CHARLES L. SEGRESS

Printed name of authorized representative

Title VP OPERATIONS

Date SEPTEMBER 17, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.